

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO**

IN RE:

SIBELLE MARIE FREMAINT RAMIREZ

DEBTOR

CASE NO. 20-03614 MCF

CHAPTER 7

**DEBTOR'S MOTION AND NOTICE OF FILING OF
AMENDED SCHEDULES "I" AND "J"
AND CERTIFICATE OF SERVICE**

TO THE HONORABLE COURT:

NOW COMES, **SIBELLE MARIE FREMAINT RAMIREZ**, debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

1. The debtor is hereby submitting *Amended Schedules "I" and "J"*, dated November 24, 2021, herewith and attached to this motion.
2. These amendments to Schedules "I" and "J" are filed to state debtor's actual income and expenses.

NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)

Within fourteen (14) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9013(c) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

CERTIFICATE OF SERVICE

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to

the Chapter 7 Trustee, the US Trustee's Office, and all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the debtor and to all creditors and interested parties appearing in the master address list, hereby attached.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 24th day of November, 2021.

/s/ Roberto A. Figueroa Colón
ROBERTO A. FIGUEROA COLON
USDC #300105
ATTORNEY FOR DEBTOR
FIGUEROA & SERRANO, PSC
PO BOX 1635
GUAYNABO PR 00970-1635
TEL NO. 787-470-7699
EMAIL: rfigueroa@fslawpr.com

Fill in this information to identify your case:

Debtor 1 SIBELLE MARIE FREMAINT RAMIREZ

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN
DIVISION

Case number 3:20-bk-3614
(If known)

Check if this is:

- ☒ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Employment status

Debtor 1

- ☒ Employed
☐ Not employed

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

Occupation

Call Center

Include part-time, seasonal, or self-employed work.

Employer's name

E-HEALTH PARTNERS INC

Occupation may include student or homemaker, if it applies.

Employer's address

Calle Alda 1551 Urb. Caribe
Suite 201
San Juan, PR 00926

How long employed there?

10 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 2,974.99 \$ N/A

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ N/A

4. Calculate gross income. Add line 2 + line 3.

4. \$ 2,974.99 \$ N/A

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 2,974.99	\$ N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 375.74	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 0.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify: Private Disabil	5h.+ \$ 0.04	\$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 375.78	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,599.21	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 350.00	\$ N/A
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A
8e. Social Security	8e. \$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify:	8h.+ \$ 0.00	\$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 350.00	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,949.21 + \$ N/A = \$ 2,949.21	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Economic contribution from family and friends		
		11. +\$ 500.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		12. \$ 3,449.21 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1 SIBELLE MARIE FREMAINT RAMIREZ

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN
DIVISION

Case number 3:20-bk-3614
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Daughter

13

- ☐ No
- ☒ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 850.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 0.00

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>200.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>60.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>250.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>549.21</u>
8. Childcare and children's education costs	8. \$ <u>440.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>120.00</u>
10. Personal care products and services	10. \$ <u>80.00</u>
11. Medical and dental expenses	11. \$ <u>120.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>200.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>0.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>350.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: Debtor's dependent's medical expenses	21. +\$ <u>180.00</u>
Pet (Dog)	+\$ <u>50.00</u>
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ <u>3,449.21</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>3,449.21</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>3,449.21</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>3,449.21</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ <u>0.00</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes. Explain here: _____	

Fill in this information to identify your case:

Debtor 1 SIBELLE MARIE FREMAINT RAMIREZ
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) SIBELLE MARIE FREMAINT RAMIREZ
First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number 3:20-bk-3614
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ SIBELLE MARIE FREMAINT RAMIREZ
SIBELLE MARIE FREMAINT RAMIREZ
Signature of Debtor 1

Date November 24, 2021

X _____
Signature of Debtor 2

Date _____

Label Matrix for local noticing 0104-3 Case 20-03614-MCF7 District of Puerto Rico Old San Juan Wed Nov 24 15:11:24 AST 2021	ISLAND PORTFOLIO SERVICES LLC AS SERVICER OF PO BOX 361110 SAN JUAN, PR 00936-1110	UNITED STATES TRUSTEE 500 TANCA ST STE 301 SAN JUAN, PR 00901-1922
US Bankruptcy Court District of P.R. Jose V Toledo Fed Bldg & US Courthouse 300 Recinto Sur Street, Room 109 San Juan, PR 00901-1964	BANCO POPULAR DE PUERTO RICO BANKRUPTCY DEPARTMENT PO BOX 366818 SAN JUAN PR 00936-6818	Banco Popular De Puert PO Box 3228 San Juan, PR 00901
FIRST BANK CONSUMER SERVICE CENTER BANKRUPTCY DIVISION-(CODE 248) PO BOX 9146 SAN JUAN PR, 00908-0146	First Bank Puerto Rico Attn: Bankruptcy/FirstLine Solutions PO Box 9146 San Juan, PR 00908-0146	First Bank Puerto Rico San Juan, PR 00901
First Federal Savings San Juan, PR 00901	Firstbank Puerto Rico PO Box 9146 San Juan, PR 00908-0146	Island Finance PO Box 71504 San Juan, PR 00936-8604
Island Portfolio Services, LLC as servicer o PO BOX 361110 San Juan PR 00936-1110	Toyota Credit Financial Services PO Box 366251 San Juan, PR 00936-6251	Toyota Credit de Puerto Rico PO Box 9013 Addison, Texas 75001-9013
Toyota Motor Credit Co PO Box 9786 Cedar Rapids, IA 52409-0004	Toyota Motor Credit Corporation PO Box 9013 Addison, Texas 75001-9013	JOSE RAMON CARRION MORALES CHAPTER 13 TRUSTEE PO BOX 9023884 SAN JUAN, PR 00902-3884
MONSITA LECAROS ARRIBAS OFFICE OF THE US TRUSTEE (UST) OCHOA BUILDING 500 TANCA STREET SUITE 301 SAN JUAN, PR 00901	NOREEN WISCOVITCH RENTAS PMB 136 400 CALAF STREET SAN JUAN, PR 00918-1313	ROBERTO ARISTIDES FIGUEROA COLON FIGUEROA & SERRANO PSC PO BOX 1635 GUAYNABO, PR 00970-1635
SIBELLE MARIE FREMAINT RAMIREZ URB TERRANOVA CALLE 3 C15 GUAYNABO, PR 00969-5428	End of Label Matrix Mailable recipients 21 Bypassed recipients 0 Total 21	